REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

#241

| | 111011 |
|---|------------------------------------|
| Police City Attorney Bureau of Fire Prevention Health Department | DATE: 6/30/06 Return by: 7/7/06 |
| CATERER: X | NON-CATERER: |
| APPLICANT NAME & ADDRESS: GEEMAX INC., 728 ½ Q STREET ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENS IMMED. ADJ. TO N ZONE BUILDING | SE: OUTDOOR AREA |
| DATE (S) & TIME(S) OF EVENT : HOME UNL FOOTBALL GAMES: S OCTOBER 21; NOVEMBER 4, 24, 2006; 8:00 A.M. TO 1:00 A.M. Alternate Dates: None | EPTEMBER 2, 9, 23, 30; |
| RECOMMENDATION OF APPROVAL OR DE | |
| APPROVED | |
| CONDITIONS | |
| DENIED | |
| REASON(S) FOR | |
| | |
| Tur fol | 7-5-06 |
| Signature (If needed, use back for additional space) | Date |
| PUBLIC HEARING BEFORE COUNCIL: JULY 10, 2006 | |

(SDLRPT.JER)

all applications approved: JER

APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

Web address: http://www.nol.org/home/NLCC/

ACTION FOR DIRECTAL DESIGNATED LICENSE NEBRASKA LIQUOR CONTROL COMMISSION

J Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission

P.O. Box 95046, Lincoln NE 68509

J All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

| A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day |
|--|
| LOCAL APPROVAL must be included with this application A Signed Statement from Local Police Chief or County Sheriff (question #12) |
| NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federa |
| income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an office |
| of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS |
| Type of Beverage(s) to be served: Beer Wine Distilled Spirits |
| Status of the Applicant (check one) |
| ☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☐ Service |
| Corporation Corporation Corporation Corporation Licensee Corporation |
| Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number (City, State, County Number, Zip Code) And Class (Example C/K) 437/7CK |
| Geemax Inc, 7281/2 Q St., Lincoln, NE 68508 |
| Address or location of premises to be covered by license, (City, County Number, Zip Code) |
| 728 1/2 Q St, Lincoln, NE 68508 |
| Is this PREMISE currently licensed under the Nebraska Liquor Control Act? X YES NO |
| Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested. |
| Geemax, Inc, Iba The N-20ne, 728 1/2 Q St, Lincoln, NE 68508 |
| rease list the hame and telephone number of the event when |
| occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, |
| dinances, rules and regulations are adhered to. Supervisor must sign on page 2. |
| W. Michael McCarty / Patricia A. McCarty 402-475-8683 |
| DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.) |
| 9/2/2006 |
| EASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER: |
| Time(s) of event (example 8am to 1am, this is considered one day) |
| FROM: Eam TO: /am |
| Describe the Type of Activity to be carried and wine the time of Line 1 |
| Describe the Type of Activity to be carried on during the time period for which the license is requested. OVER CROWD, NG- |
| Provide an estimated number of attendees at this event 50 - 75 |
| icating the steps that will be taken to prevent underage persons access to alcoholic beverages. Outdoor area |
| PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER |
| APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY EXECUTE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. |
| List the number of SDL's that you have applied for at this specific location in the last six months. |
| DL Fee for The City of Lincoln is CONTINUE ON BACK |
| 25.00. Please make check CONTINUE ON BACK |
| ayable to The City of Lincoln. ORIGINAL & 3 COPIES OF APPLICATION MUST BE PROVIDED TO CITY CLERK REV 9/00 |
| REV 9/00 |

PAGE 1

NEBRASKA LIQUOR CONTROL COMMISSION APPLICATION FOR SPECIAL DESIGNATED LICENSE UNDER NEBRASKA LIQUOR CONTROL ACT

| 14. Description of the premises: Inside Building Outdoor Area |
|--|
| Dimensions of area to be covered by license: 65 x WIDTH (In feet) WIDTH (In feet) N-zone Building |
| If outdoor area, how will premises be separated from areas open to the general public? Fence Tent Other (if other, please explain) |
| 15. Is the premises to be covered by the license located within the city/village limits? |
| 16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children? |
| 17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number Through licensed wholesalers. (Geemax, Inc. # 43717 CK) 18. Will the premises to be covered by the license comply with all Nebraska sanitation laws? |
| |
| 19. Are there separate toilets for both men and women? |
| 20. Other information or requests by the applicant: |
| 21. Will there be any games of chance operating during the event? TYES NO NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application. 22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including policity records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by person directly responsible to the holder of this Special Designated License. |
| sign here Mile MCarty Manager 6/23/06 Authorized Representative/Applicant Title Date |
| sign Mile Whaty Manager 6/23/0, here Date |
| The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the loc governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located. |

In Compliance with ADA, this form is available in other formats for persons with disabilities.

A ten day advance period is requested in writing to produce the alternate format.